

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Dick Durbin Committee

A. Kevin J. Conlon		Transaction ID: D149006	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 155 Laurel Ave Wilhelm & Conlon		06 / 15 / 2007	
City Wilmette	State IL	Zip Code 60091-2830	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of contribution			400.00
Candidate Name		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Disbursement For: 2008		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

B. Mrs. Carol K. Ingall		Transaction ID: D149132	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 1880 Watercress Way		06 / 20 / 2007	
City Highland Park	State IL	Zip Code 60035	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of contribution			1000.00
Candidate Name		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Disbursement For: 2008		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

C. Mrs. Lucy Lehman		Transaction ID: D148722	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 2715 Sheridan Rd		05 / 23 / 2007	
City Evanston	State IL	Zip Code 60201	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of contribution			2000.00
Candidate Name		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Disbursement For: 2008		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶

3400.00

TOTAL This Period (last page this line number only) ▶